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AFLAHASSEE, FLORIDA

J. BRYAN

JAN 14 2011

EXAMINER

COVER LETTER

Division of Corporations				_
SUBJECT: Phoenix Edu-C	Consults, L.I	L.C.		JAN 13 MILESECRETARY OF STATE
	Name of Limited Lia	bility Compa	ıny	S S S S S S S S S S S S S S S S S S S
				STA 3
The enclosed Articles of Organization	and fee(s) are submi	itted for filing	ç .	TIS
Please return all correspondence conce	erning this matter to	the following:	:	ORIGINAL PROPERTY OF THE PROPE
Nicholas Porras,	Esq.			7
		e of Person		
Felder & Associat	tes, P.A.			
	Firm	/Company		
1108 Kane Conco	urse Suite 2	06		
		ddress		
Davida de code la cada	EL 00454			
Bay Harbor Islands,		and Zip Code		
nporras@gmail.com	Chy/Sulk	and Zip Code	'	
	ess: (to be used for futt	ire annual repo	nt notification)	
For further information concerning thi	s matter, please call:			
g	•			
Nicholas Porras, Esq.	at (305	424-923	1
Name of Person			& Daytime To	elephone Number
Enclosed is a check for the following	ng amount:			
\$125.00 Filing Fee \$130.00 Fi Certificate	e of Status	155.00 Filin Certified Cop additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration Division of P.O. Box 67 Tallahassee	Section Corporations 327	Registration of Clifton Bit 2661 Exe	ourier Addression Section of Corporation uilding secutive Center ee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE t - Name: The name of the Limited Liability Company is: Phoenix Edu-Consults, L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1108 Kane Concourse Suite 206 1108 Kane Concourse Suite 206 Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Nicholas M. Porras, Esq. Name 1108 Kane Concourse Suite 206 Florida street address (P.O. Box NOT acceptable) _FL 33154 Bay Harbor Islands City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM .	Ime Inyang 9601 West Elm Lawa Miramar, FL 33025
MGR	Shaneeta MacDonna 9601 West Elm Laure Miramar, FL 33025
(Use attachment if necessary)	The second secon
(
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and caunot be more than five business days [
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days [
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	e specific and cannot be more than five business days parties of a member. 3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.)
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